

PUERTO RICO STATE PLAN

OMB No: 0938-1136
CMS Form: CMS-10364

Attachment 4.19 A
Page 4

Citation

42 CFR 447, 434, 438, AND 1902 (a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payments under Section 4.19 A of this State Plan.

- X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement surgery or hip replacement surgery in pediatric and obstetric patients.

Other Provider Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19 A of this state Plan.

- X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions identified below

Effective May 2, 2013, reimbursement for inpatient hospital services shall be based on the Provider Preventable Conditions (PPC) policy defined in 42 CFR 447.26.

Provider Preventable Conditions are defined as two distinct categories: Health Care Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC).

In Puerto Rico, managed care entities and third party administrators' contract with provider and pay provider; there is no fee for service program. The managed care entities and third party administrators shall exclude payment for diagnoses not present on admission for any HCAC. The managed care entities are third party administrators shall report to Puerto Rico on the occurrence of HCACs, OPPCs and the corresponding reductions in payment on a [monthly] basis.

No payment shall be made for inpatient services for OPPCs. OPPCs include the three Medicare National Coverage Determinations: wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure on the wrong patient.

No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by the provider.

Reductions in provider payment may be limited to the extent that the following apply:

- i. The identified PPC(s) would otherwise result in an increase in payment.
- ii. The Territory can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, PPC(s)

Non-payment of PPCs shall not prevent access to services for Medicaid beneficiaries.

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PUERTO RICO STATE PLAN

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Attachment 4.19 B
Page 4

Citation

42 CFR 447, 434, 438, AND 1902 (a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19 B of this State Plan.

☒ Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

☐ Additional Other Provider-Preventable Conditions identified below

Effective May 2, 2013 reimbursement for non-institutional services shall be based on the Provider Preventable Conditions (PPC) policy defined in 42 CFR 447.26.

In Puerto Rico, managed care entities and third party administrators' contract with provider and pay provider; there is no fee for service program. The managed care entities and third party administrators shall exclude payment for diagnoses not present on admission for any HCAC. The managed care entities and third party administrators shall report to Puerto Rico on the occurrence of HCACs, OPPCs and the corresponding reductions in payment on a [monthly] basis.

No payment shall be made for services for OPPCs. OPPC in one category of PPC as identified by the Centers for Medicare & Medicaid Services and apply broadly to any health care setting where an OPPC may occur. OPPCs include the three Medicare National Coverage Determinations: wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by the provider.

Reductions in provider payment may be limited to the extent that the following apply:

- i. The identified PPC(s) would otherwise result in an increase in payment.
- ii. The Territory can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, the PPC(s)

Non-payment of PPCs shall not prevent access to services for Medicaid beneficiaries.

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